

CO-PAY 834

Co-Pay data will be mapped to the HIPAA 834 in the 2100A loop using fields AMT01 and AMT02. There will be four occurrences of the AMT01/02 fields.

Co-Pay data will be communicated to the Health Plans and Program Contractors on the Daily and Monthly 834. On the Daily 834 the Co-Pay data will be effective the date of on-going enrollment. On the Monthly 834 the Co-Pay data will be effective on the first of the next month (capitation/processing month).

The Co-Pay data will always be transmitted in the same order:

- The first C1 occurrence will always represent the Co-Pay for Generic Rx,
- The second C1 will always represent Co-Pay for Brand Name Rx,
- The third C1 will always represent the Co-Pay for Non Emergency use of the ER and
- The fourth C1 will always represent the Co-Pay for Office Visits.

Health Plans and Program Contractors will need to understand when a Co-Pay is mandatory vs. optional. The HIPAA 834 does not allow for us to specifically communicate that type of information.

It can be assumed that if the first occurrence of the C1 (Generic RX) is 0 (no dollars) then that member's Co-Pay is optional. It can also be assumed that if the first occurrence of the C1 (Generic Rx) is greater and 0 then that member's Co-Pay is Mandatory.

Co-Pay data will also be provided when there is a change in the Co-Pays amounts. The 'Last Daily' 834 transaction will contain in loop 2000, INS04 the code 33 (Personnel Data) and the AMT01/AMT02 in Loop 2100A will be populated with the new Co-Pay amounts.

Co-Pay data will then be provided in the monthly 834 transaction in loop 2100A in AMT01/AMT02. This will present the Co-Pay data to be in effect the first of the next month. We would encourage the Health Plans to reconcile this data against their database to ensure the Co-Pay data is up to date.

Co-Pay data will not be provided for enrollments that occur in the past such as PPC.

834 EXAMPLES:

A Newly enrolled Member who is exempt from Co-Payments:

AMT{C1{0	(Generic Rx)
AMT{C1{0	(Brand Name Rx)
AMT{C1{0	(Non emergency use of ER)
AMT{C1{0	(Office Visit)

A Newly enrolled Member who is in an Optional group:

AMT{C1{0	(Generic Rx)
AMT{C1{0	(Brand Name Rx)
AMT{C1{500	(Non emergency use of ER)
AMT{C1{100	(Office Visit)

A Newly enrolled Member who is in a different Optional group:

AMT{C1{0	(Generic Rx)
AMT{C1{0	(Brand Name Rx)
AMT{C1{500	(Non emergency use of ER)
AMT{C1{0	(Office Visit)

A Newly enrolled Member who is in a Mandatory group:

AMT{C1{400	(Generic Rx)
AMT{C1{1000	(Brand Name Rx)
AMT{C1{3000	(Non emergency use of ER)
AMT{C1{500	(Office Visit)

CO-PAY CONTINGENCY ROSTER

Co-Pay data will be communicated to the Health Plans and Program Contractors on the Daily and Monthly Roster. On the Daily Roster the Co-Pay data will be effective the date of on-going enrollment. On the Monthly Roster the Co-Pay data will be effective on the first of the next month (capitation/processing month).

Health Plans and Program Contractors will need to understand when a Co-Pay is mandatory vs. optional. The Roster does not allow for us to specifically communicate that type of information.

It can be assumed that if the CO PAY – GENERIC RX field on the roster is zero then that member's Co-Pay is optional. It can also be assumed that if the CO PAY – GENERIC RX field on the roster is greater than 0 then that member's Co-Pay is Mandatory.

Co-Pay data will be provided with enrollments. The Daily Roster transaction (Action type = A) will contain all four Co-Pay data fields populated when the enrollment end date is greater than today. If the enrollment is for a period of time in the past (i.e. PPC), the Co-Pay data fields will be blank.

Co-Pay data changes will be provided on the 'Last Daily' Roster. A new Action Code of 'CP' (Co-Pay Change) will be used when the Action Type = 'C' (Change). This new Action Code may appear by itself or with other change action codes (i.e. NC, DB, AC, etc).

Co-Pay data will also appear on the Monthly Roster. The Co-Pay data will reflect the amounts to be in effect the first of the next month. We would encourage the Health Plans to reconcile this data against their database to ensure the Co-Pay data is up to date.